

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SF		9-20-01
O.I.P.E. CLASSIFIER			9-27-01
FORMALITY REVIEW	TM	1104	10/15/01
RESPONSE FORMALITY REVIEW	TM	985	1/15/02

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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SCB  
10/15/01  
856  
21-15-02